



**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 22, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000008527 1. Entity Name GENESIS APPLIED SCIENCES, LLC	
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Principal Place of Business 3910 U.S. HIGHWAY 301 NORTH TAMPA, FL 33619	Mailing Address 3910 U.S. HIGHWAY 301 NORTH TAMPA, FL 33619
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**DO NOT WRITE IN THIS SPACE**



02042008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 56-2559815	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**G. Name and Address of Current Registered Agent**

CORPORATION COMPANY OF ORLANDO  
 300 SOUTH ORANGE AVE., SUITE 1000 (JGH)  
 ORLANDO, FL 32801-5403

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

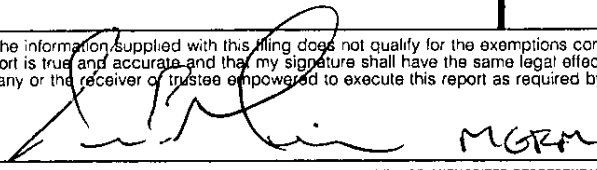
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000835637  
 02/29/08-80041-027 143.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARRINER, BRUCE E 3910 US HWY STE 140 TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LLWELLYN, MARK T 3910 US HWY STE 140 TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHEELER, G. BRIAN 3910 US HWY STE 140 TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  MGRM      Date: 2/4/08      Daytime Phone #: 813-620-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE